

Compleat Care (UK) Limited

Homecare Helpline

Inspection report

7 Market Place
Folkingham
Sleaford
Lincolnshire
NG34 0SE

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Tel: 01529497001

Website: www.compleatcare.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Homecare Helpline is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Grantham, Sleaford and surrounding villages. At the time of the inspection visit there were 47 people using the service.

People's experience of using this service:

People using this service benefitted from a good, safe, caring responsive and well-led service. People and their relatives consistently told us that the service was reliable and provided them with good quality care by staff who were experienced and competent. People and their relatives told us that communication with the management team was straightforward, one relative said, "Things have really improved, we've ironed things out and everything is running brilliantly".

People's care and support was planned in a person-centred way and people chose how they liked their care to be delivered. People were supported by staff who were aware of people's life history and preferences and staff used this information to develop positive relationships.

People were supported by courteous staff who treated them with dignity and respect. One relative told us, "The carers and the staff on the phone are very polite, I have no issues". Evidence of feedback provided by people and their relatives in quality assurance surveys was consistently positive and had measurably improved during the last 12 months.

Rating at last inspection:

The service was rated as Inadequate in the previous inspection report published on 6 March 2018, this was because:

- The provider had not achieved compliance with our Warning Notice and, as a result, was in continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). This was because the provider had taken insufficient action to improve the organisation of staffing resources and the scheduling of people's care calls.
- There were shortfalls in organisational governance, a continuing failure to ensure people received safe and consistent support with their medicines and a continuing failure to ensure all staff had the training and supervision necessary to support people safely and effectively.
- Action was required improve the communication between office-based and front-line care staff.

At this inspection evidence confirmed that the provider had made significant improvements and was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Homecare Helpline

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and one assistant inspector.

Service and service type:

Homecare Helpline is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to 47 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We spoke with two people during our visit, and six relatives. In addition, we spoke with four staff and spoke to the registered manager and the nominated individual. We looked at care documentation for four people using the service and their medicines administration records. We also looked at four staff files, staff training and supervision planning records along with other documents related to the management of the service.

These included records associated with audits and quality assurance, staff duty rotas and policies and procedures related to medicines, safeguarding, complaints and supervision.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 21 and 22 June 2017, there was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. This was because we found evidence that there was continuing failure to ensure people received safe and consistent support with their medicines. The key question was therefore rated "inadequate". After our inspection we requested the registered provider sent us a plan to tell us about the actions they would be undertaking to improve. At this inspection, we found the service had taken steps to ensure that people received safe and consistent support with their medicines.

Systems and processes:

- The registered provider had effective systems to ensure that people were protected from abuse and had ensured that staff knew how to use them. Staff received regular training about safeguarding adults. Staff told us that they knew how to protect people from abuse and what to do if they suspected abuse had occurred. One staff member told us, "Safeguarding policies are kept in the office, you can access them whenever you want. If I had concerns about a person, I would ring the office or the team leader, they would ask me to make a statement".
- The registered provider had a safeguarding policy which was reviewed regularly and shared with the staff. The registered manager told us, "We constantly update the staff in our monthly newsletter, we include the policy updates in it."

Assessing risk, safety monitoring and management:

- Risks to people were assessed when the person begins using the service and are subsequently reviewed when people's needs changed. People's risk assessments described the support people required to ensure that they were as safe as possible. Risks to people were assessed for using lifting equipment such as hoists and to ensure that people took their medicines safely. Environmental risks in people's homes were assessed to ensure that staff could carry out care tasks safely.
- We noted that one person used bed rails at night to ensure that they did not fall out of bed. The provider had not undertaken a risk assessment to establish if the use of bed rails was safe. The registered manager told us that the risk to the person was negligible and that they had been using the bed rails safely for a considerable amount of time. We recommended that the registered manager recorded the rationale for this and to ensure that anyone using bed rails had been supported to review the risks associated in the future. The registered manager assured us that this would be reviewed and acted upon immediately.
- All staff were issued with a smartphone. Care plans and risk assessments could be accessed using these devices. The registered manager told us that they send a message direct to the smartphones when changes to people's risk assessments had been identified as needed. This meant that staff were aware of important changes in a timely manner and risks to people were reduced.

Staffing levels:

- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- People told us that the registered provider was reliable and dependable and that care was delivered as expected. Previously the provider had failed to ensure sufficient levels of staffing resources which negatively impacted on the scheduling of people's care calls. Feedback from people using the service in quality assurance surveys consistently stated that the provider had made significant improvements during the last 12 months to ensure that people received their support when they expected it.
- Care was provided to people by staff who were familiar with them, the registered provider did not use agency staff. The registered provider had implemented a process for improving staff attendance, reducing absence and therefore the need for unfamiliar agency staff.
- People were made aware of any issues that affected the delivery of their care. A relative told us, "If they are going to be late for any reason we always get a call from the office or the carers will let us know directly if they are stuck in traffic".

Using medicines safely:

- The registered provider had a policy relating to the safe administration of medicines which staff were aware of. Training records confirmed that staff were trained to administer medicines.
- The registered manager had implemented a system to ensure that new staff were observed to ensure their competence prior to being permitted to administer medicines to people, further medicines observations were carried out annually thereafter.
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely. Information about the type of medication taken and the side effects were recorded.
- The registered provider had a process for checking administration records regularly to ensure that staff were administering peoples' medicines correctly.
- The registered provider had reported medicine administration errors to the CQC and had acted to address the issues to reduce the likelihood of repeat errors in the future. The provider has a process for ensuring that competency checks were carried out following an error and staff were retrained if necessary.

Preventing and controlling infection:

- Staff completed training in infection control. Staff told us that the provider supplied them with sufficient personal protective equipment such as disposable gloves and aprons, staff told us that they were supplied with this regularly and that there was always sufficient stock kept at the providers office location.
- People told us that staff who provided personal care to them wore gloves and aprons.

Learning lessons when things go wrong:

- The registered provider had systems and processes for recording and reporting accidents and incidents. The registered manager collected the data relating to accidents and incidents, call times, daily care records & medicines administration. The registered manager and nominated person met weekly to discuss the data and identify trends and shortfalls. Areas for improvement were discussed with staff on a one to one basis if required and shared with the team at team meetings.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed when they began using the service, the registered manager told us that they shared the responsibility for doing this with the team leaders. People's needs were recorded in care plans which were person centred. People were involved in the planning of their care and support and signed to say that they consented to the care being provided.
- Staff had a good understanding of the needs of the people they were providing care to which provided good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience:

- Staff received regular training to ensure that they had the knowledge to support people well. Records showed that the provider had a process for ensuring that staff received a comprehensive induction when they first started working with the organisation. The induction involved completing the care certificate and included a period of two days face to face training followed by a period of shadowing an experienced member of the staff team. Mandatory training undertaken by staff included emergency first aid (basic life support), medicines, manual handling, safeguarding, health and safety, food hygiene, infection control, personal care and nutrition/hydration.
- The registered manager described how staff were provided with additional knowledge and skills by attending courses in subjects such as equality and diversity, falls prevention and dementia and that this was accessed through a local college.
- The registered provider had a system to ensure that staff were supported in their role and had the opportunity to develop their skills and competence. One staff member told us, "The team leader will come around and check that we are wearing our uniform and personal protective equipment and will check to see how we talk to the client, I've had two spot checks in the last two months." Another staff member told us "I had my appraisal last week, we get them twice yearly."
- Records showed that team meetings were held regularly for the staff and were held in different geographical locations to make it more convenient for the staff to attend. Ten team meetings were held during the previous twelve months. Team meeting notes we looked at showed a variety of agenda items and consistently included confidential discussions about the support and care needs of people using the service, service updates and upcoming training opportunities. One staff member told us, "Staff meetings are once a month, they are really useful we discuss things and if we have an idea they [managers] listen." We also saw that the registered provider had held regular peer meetings for the team leaders. Meeting notes we saw provided evidence that areas of improvement were identified and individual actions were set for each team leader.

Supporting people to eat and drink enough with choice in a balanced diet:

- Most people we spoke with during the inspection did not receive support from the provider to eat and drink. Care records showed how people made choices about what they wanted to eat and drink. One person told us, "It alternates between my family and the carers, I choose what I want and the carer gets it ready for me." Another person told us, "They [care staff] always make sure I've got a cup of tea."
- Staff told us about people's dietary needs and the importance of respecting peoples wishes. One staff member told us, "It is important for people who are diabetic to eat regularly and at certain times, we also support a vegetarian lady, information about her wishes is in her care plan."

Supporting people to live healthier lives, access healthcare services and support:

- Peoples care plans included information about their health needs and the involvement they had from medical professionals such as GP's, district nurses, physiotherapists and occupational therapists.
- Daily care records we saw described visits from district nurses and GP's.
- We saw that the registered provider had implemented a document called a "care passport". The care passport is designed to provide concise person-centred information about the person and their health needs so that it can be taken into hospital with them if they are admitted. The registered manager told us that having a care passport meant that things that were important to the person didn't get missed by the hospital staff and it was far easier than taking a folder full of care records.

Ensuring consent to care and treatment in line with law and guidance:

- The service was working within the principals of the Mental Capacity Act 2005 (MCA). At the time of the inspection visit no person using the service was being deprived of their liberty. Policies and procedures as well as staff training on the MCA ensured that staff could identify any person who may have needed advocacy or care in their best interests. Peoples mental capacity and ability to make decisions was respected by staff who understood the principals of the MCA. People were offered choices in all areas of their care and wellbeing.
- Staff told us that the registered provider placed an emphasis on ensuring that people's rights to make their own decisions were respected by staff and had issued them with a small set of laminated mental capacity act flash cards which could be carried easily in the pocket. A staff member told us, "The cards tell us about how a client is supposed to be treated, we don't make decisions for them if they can make their own decisions."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported:

- During the inspection we saw a significant number of compliments from people using the service. A compliment received from one person in February 2018 stated, "Nothing is too much trouble for [care staff] and my [relative] looks forward to seeing him in the evenings." Another recorded in April 2018 stated, "Care package is working well [care staff] is lovely." Another from March 2018 said, "The office is helpful and much smoother now."
- People consistently told us that they were treated well by the staff. Comments made by people about the staff team were consistently positive, people told us, "They are all very good", "They do know what they are doing", "The staff are kind to me, they are professional", "Very pleased, they've been very helpful", "Absolutely top shelf."
- People were provided with consistent and reliable care staff who knew them well. A relative told us, "They have never missed a call." Another relative told us, "They [the registered provider] have been able to provide the same one [staff] all the time".
- Staff were motivated, enthusiastic and spoke about people with fondness and respect, one staff member told us, "I love meeting people and talking to them about what they have done in their life, we might be the only people they see during the day."

Supporting people to express their views and be involved in making decisions about their care:

- The registered provider had surveyed people using the service and sought their views and feedback about their experiences. People's feedback from January 2018 indicated that there were high levels of dissatisfaction with the care they received. Comments from some people were very negative particularly around missed care calls and poor communication from the office. However, survey responses from people in October and November 2018 had significantly improved with very high levels of satisfaction. This demonstrated that the provider had listened to the concerns of the people using the service and had acted to make improvements. One person commented, "Times have been better this year", another stated, "Thank you for the excellent service". One person had stated that they would like an evening call at 8pm. A file note recorded by the registered manager stated, "Spoke to [person] today; they would like PM call at 8pm. Offered them 7.50pm and they said this was acceptable, this will start on....".
- The registered manager told us how people were involved in making decisions about the care that they received, they said, "We set up a meeting and discuss their needs with them, we agree what goes in their plan together and if they want us to we sometimes involve family, advocates and friends."

Respecting and promoting people's privacy, dignity and independence:

- Records showed that a significant number of the staff team had joined the national dignity council and were "dignity champions" The registered manager spoke passionately about dignity and the importance of ensuring that staff acted with dignity and respect toward the people they were caring for. Dignity champions are expected to demonstrate their commitment by standing up and challenging disrespectful behaviour, speaking up about dignity to improve the way services are delivered and influencing and informing colleagues. By joining the dignity council staff received regular email updates about best practice in dignity.
- Staff we spoke with demonstrated a good understanding of respecting people's privacy, one staff member told us, "If we support someone to use a commode, we leave the room and wait outside." Another staff member told us about supporting a person to gain more independence following treatment for a brain tumour, they said "[person] is always given the option to get up and walk as much as possible."
- All staff we spoke with had a good understanding of maintaining people's confidentiality, one staff member told us, "We don't speak to anyone else about their [people] business, unless it is important and our manager needs to know."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care:

- Care plans contained good levels of detail about people's needs and wishes to ensure that staff could provide their care in the way that they wanted it. People's care plans included information about their likes and dislikes and provided a section about their life history, so staff could understand them as people. One person told us, "They follow what's in my care plan right to the letter."
- Care plans were regularly updated and reviewed. People signed their own care plans to demonstrate their involvement and consent.
- People told us that they had been involved in creating their care plans, one relative told us, "Yes, I was reading through it all last night, it's all been typed up and sent to me."
- Records showed that staff had received training in the principles of person centred care.
- People told us that the registered provider provided them with consistent staff who know them well. One person told us, "The main one [staff] is very experienced and has been doing this for several years, when the regular carer has time off, the carer that covers asks me for the folder [care plan] so they can get up to speed."
- People and their relatives told us they knew the management team. One person told us, "I speak to [registered manager] regularly and [team leader] I get on really well with them, they know who you are straight away."

Improving care quality in response to complaints or concerns:

- People knew how to complain if they were unhappy with anything and told us that the registered provider had provided them with information about how to complain, records we saw confirmed this.
- The registered provider had a thorough and timely approach to resolving complaints and concerns. Records of complaints were kept with evidence of investigations undertaken and subsequent action taken to resolve the complaint. We looked at records related to five complaints, one complainant was provided with a full response within 18 days and the other five were responded to in under five days.
- A person told us about a complaint they had made, they told us, "It was a while ago about an agency carer, I phoned up the office, it was dealt with and I was happy with the outcome – it was a one off and I haven't seen them [agency carer] since."
- Evidence we saw relating to the improvement of positive feedback from people about their care demonstrated that the registered provider had taken steps to improve the quality of people's care resulting in better outcomes for people.

End of life care and support:

- No one received end of life care at the time of our inspection.
- Records showed that some staff had received training in end of life care, one staff member described the content of the training they had received and recalled learning about making people as comfortable as possible and being gentle with them.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 21 and 22 June 2017 there was a breach of Regulation 18 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. This was because we found evidence that there was continuing failure to ensure all staff had the training and supervision necessary to support people safely and effectively. The key question was therefore rated "inadequate". After our inspection we requested the registered provider sent us a plan to tell us about the actions they would be undertaking to improve. At this inspection, we found the service had taken steps to ensure staff had the training and supervision necessary to support people safely and effectively.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- People and relatives spoke very positively about the staff and the management team, one relative told us, "They [registered manager] are always very open and approachable, the staff are very positive."
- Where the registered provider had received a complaint the responses we saw were detailed and comprehensive and offered sincere apologies where the provider had made a mistake.
- Our previous inspection ratings were displayed in the service and on the provider's website.
- The registered provider clearly understood the regulatory requirements and consistently ensured that they notified us about events that they were required to by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered provider had made significant improvements to the way that they reviewed the performance of the service and had a thorough approach to ensure that audits and checks were used effectively to drive up the quality of care. We looked at audit records for call times, daily care recording, care plans and medication. The registered manager and director had developed a system where compliance data was measured and then given a colour coded rating to provide a quick visual representation as to how the service was performing. The data collected from the audits was used to form the basis of a weekly meeting between the registered manager and the director to ensure that shortfalls and issues were being identified and addressed thoroughly.
- People benefited from a registered manager who was knowledgeable and had been a care worker themselves which meant that they understood the care role very well.
- Staff roles were clearly set out in their job description and staff we spoke with had a good understanding of their own accountability.

Engaging and involving people using the service, the public and staff:

- The registered manager had implemented innovative ways to motivate staff, maintain a good morale and create a positive working environment for the staff team. Written and verbal compliments received from people using the service about the staff were recorded and sent out to the relevant staff member on a "Thank you" postcard. Staff who received a compliment and postcard were also given a certificate to reward them and placed into a draw for "carer of the month". The winner of the draw would then be presented with their certificate and voucher worth £50. We saw that the carer of the month was displayed on the wall of the registered office. During our inspection visit we spoke with the staff member who had been awarded the accolade for the current month. We asked them how it made them feel and were told that they were very proud. The registered manager told us that they sometimes had a quiz relating to subjects such as the mental capacity act and the winner of the quiz was rewarded with a £10 voucher. We also saw that the registered provider recognised and rewarded good attendance with a written letter of thanks for staff who achieve 100% attendance for the calendar month. The registered manager told us that levels of absence had reduced because of this.
- The registered provider demonstrated a thorough approach toward seeking the views of people using the service and using the data collected from as an indicator and measure for their performance. We saw evidence that shortfalls in care delivery were discussed openly in meetings and that staff were accountable for delivering high quality care.
- We saw that the registered provider had developed a monthly newsletter. The newsletter contained a range of information for the staff team such as monthly awards and recognition for staff, policy and procedure updates, upcoming events such as training and team meetings and service related news. The registered manager told us that it had been well received by the staff team.
- Staff spoke with high regard for the registered manager and described a positive work culture and team ethos.

Continuous learning and improving care:

- Evidence we collected during the inspection confirmed to us that the provider had made substantial improvements to many aspects of the service. At our last inspection we identified shortfalls which led to poor outcomes for people using the service. In contrast we saw at this inspection that the registered provider applied more scrutiny and had improved processes in place which were more focussed toward continual improvement which had resulted in better outcomes for people.

Working in partnership with others:

- The registered manager told us about positive working relationships developed with health and social care professionals such as district nurses and GP's. We saw that the provider was working with other professional bodies such as the local college and the dignity council to ensure best practice.
- During the inspection visit we saw a written compliment from a social worker which stated, "you continue to provide us with care and put clients first during a time where pressures for care are quite critical."